

PAGE	1	OF	1
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>FREEDOM COMMITTEE</b>	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00547984</span> </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY</span>	

Full Name of Payee <b>USCMR Chisesi Diane Treasurer</b> <b>[MEMO ITEM]</b> Business Expense, Office		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>01 / 04 / 2016</div> </div>	
Mailing Address PO BOX 6936		Amount <div> <div></div> <div>17.99</div> </div>	
City Colorado Springs	State CO	Zip Code 80934	<b>Transaction ID : WFT2016041314-1</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>01 / 04 / 2016</div> </div>
Purpose of Expenditure Business Expense	Category/ Type	<div>24</div>	
Name of Federal Candidate Ms. Chisesi M Diane Pres Elect	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought:	<input type="checkbox"/> House District: 05 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>2016.00</div> </div>	Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► Business Expense

Full Name of Payee <b>FREEDOM COMMITTEE</b> <b>[MEMO ITEM]</b> Business Expense/office		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>01 / 04 / 2016</div> </div>	
Mailing Address PO BOX 6936		Amount <div> <div>17.99</div> </div>	
City Colorado Springs	State CO	Zip Code 80934	Transaction ID : WFT2016041316-1 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>01 / 04 / 2016</div> </div>
Purpose of Expenditure Business Expense,		Category/ Type	<div>24</div>
Name of Federal Candidate Ms. Chisesi M Diane Pres Elect		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
District: 05 State: WA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► Business Expense	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>2016.00</div> </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms Chisesi M Diane Pres Elect*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature